



H.E.F. CANADA QUARTERLY

The Human Ecology Foundation of Canada

WINTER 1982

VOL. 5 NO. 1

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PUBLISHED QUARTERLY BY H.E.F. CANADA, 465 HWY. #8, DUNDAS, ONTARIO L9H 4V9
SUBSCRIPTION AND MEMBERSHIP \$15 PER YEAR

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The H.E.F. Canada Quarterly

The H.E.F. Canada Quarterly is a publication of The Human Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. The *Quarterly* is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of *clinical ecology*, and also describes how people have improved their health by changes in habits, diet and environment. As such, it does *not* offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

The Human Ecology Foundation of Canada

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ecological illness. People who are ecologically ill are no longer able to adapt well to common exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as allergy. But the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life and career.

On a local basis, HEF Branches work toward finding sources of chemically less-contaminated food, water, clothing and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. The Foundation and all its Branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

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EDITORIAL — *The Total Allergic Load*

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY

V. 5 NO. 1 WINTER 1982

This issue of the *Quarterly* is shorter than usual so that the Foundation can catch up with the seasons and concentrate on producing your upcoming Spring 1982 *Quarterly* before the summer months arrive.

We have included several articles that touch on the importance of considering the total allergic load on an individual and managing health in a comprehensive rather than a piecemeal way.

Dr. Sherry Rogers has pointed out in our first article, on mould allergy, that moulds are something that have been and always will be with us. To ignore them in allergic management is to ignore what might be a major factor in our health.

Knowing how to reduce and control mould populations in our home can give us the upper hand against many forms of allergy. Mould often represents one of those additional overall loads that is capable of tipping some of us completely off balance, affecting the way our body handles other inhalants as well as foods and chemicals.

This issue is being published (albeit late) at a time of year when we are now accustomed to receiving more calls from other members of the Foundation and from prospective members. As soon as the snow begins to melt and the local soil moulds are again exposed, some people begin again to feel the total load on themselves reaching their own personal limit.

Chemicals too can sometimes represent the "straw that breaks the camel's back" for some people with multiple allergic sensitivities. Everything will be fine until some accident adds a significant chemical exposure for the body to handle.

Dr. Virginia Salares illustrates this concept well in her article on herbicides, in which she stresses the importance of avoiding exposure to these potent chemicals that seem so capable of triggering or worsening our sensitivities.

In her article about allergic children at school we are reminded again of the many hazards that susceptible

children can encounter in daily life as they attempt to do what all other children are doing. What school officials have not in general understood is that the capacity of allergic children to withstand chemical insults and other allergens is more limited than that of other children. They cannot take on the same total load without being affected severely by symptoms.

Some parents have found that their children can survive the many exposures at school and at play if they try very hard to compensate within the home itself. Strict control of diet, avoiding food additives and pesticide contamination, and careful control of the home environment to avoid unnecessary cleaners, synthetics and other pollutants, can often give a child a good strong base - two-thirds of his or her day in a relatively good environment. With the stability that comes of this degree of control, some can withstand many exposures outside the home that might otherwise have posed a problem.

But what of those who cannot tolerate school exposures even with strict environmental control at home? And why must the other children be placed at risk of developing such sensitivities by overexposing them? Many of the examples that Dr. Salares discusses within the school are totally avoidable chemical exposures. It is important for us to begin to change at least what we can. Children will have enough trouble adapting to our changing world without having to process the environmental poisons they are exposed to constantly.

We have begun to test a new concept in our home to try to turn the tables on this allergic load and give our daughter a *reserve* for later life. Who knows whether allergic exposure has a cumulative effect or not? Why should we waste our children's "quota" of allowed chemical insults and allergen exposures early in life?

The approach is this. We are watching many young people who in effect may be squandering their

health needlessly, by excessive chemical exposures in the air, in the water, and in their highly processed food. We also see their food base narrowing as the processed foods contain more and more of the same basic foods — corn, milk, soy, and sugar, for example.

Many of us know that our health slowly declined during a very similar kind of existence. We were the *Jello* generation, growing up with wonderful new inventions like coloured desserts, sugared breakfast cereals, long shelf-life bread and squeeze-it-yourself margarines. The air near our homes gradually deteriorated as cities built up around us and as cars became more and more numerous.

And we can see the effects on the young ones now — the ones that are a little more hyperactive than most, that may have trouble learning, and that have those dark eyes and frequent stomachaches. Perhaps these children are approaching their total load early in life. Will they have enough tolerance left later to handle a career and be able to ride through the pollution levels that seem always to be on the increase?

What we are doing instead is appearing like over-protective parents. Dr. Salares cites similar examples with her family. The parent of an allergic child, being aware of the dangers, can *compensate* in their children's early years by helping to keep the total load as far down as possible. We are hoping that this will help give such children the kind of stability that will in fact *allow* them to venture out freely into the world in later life (without the problems that many of their peers may by then be experiencing in full force).

Do you want your children to thank you now for the cookies, candies and smelly magic markers, and condemn you later in life for the illness that may hamper their every efforts? Or would you rather put up with a few struggles now, and watch your child handle the world later from a position of strength?

EDITORIAL — *The Total Allergic Load* (continued)

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY

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The decisions are certainly not easy ones. They are also personal ones, and each family will find their own particular combination that suits them best. We hope that the information in this issue will be useful to you in understanding how the total load can affect you and your family, and in making these kinds of decisions on how best to handle it.

As some of you may know, your editors are stepping down as of this Quarterly issue, and we will see new

editors and contributors starting in the *Spring 1982* magazine.

We appreciate having had the opportunity to participate in the Foundation through the *Quarterly*, and we firmly believe that providing information must continue to be a prime function of the organization.

Our best wishes to the upcoming editor, who will be announced in the next issue. Anyone wishing to volunteer for this position or to assist in any way with the publication is invited to contact Eric Gudgeon, President,

HEF Canada, 465 Highway 8, Dundas, Ontario L9H 4V9.

We should add too that there will be a number of changes in some of the Branch executives over the next month, and these along with any decisions arising from the Annual Meeting on May 15, 1982 in Kitchener, Ontario will be reported in your next *Quarterly* copy.

Bruce and Barbara Small
Editors

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MOULD ALLERGY — *By Sherry Rogers, M.D.*

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY

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Oftentimes, with an ecological illness, we become so absorbed with avoiding specific chemicals or with the rotation diet that we lose sight of the concept of total antigenic load. Very seldom does one have the good fortune to be intolerant of only one or two foods, chemicals or inhalants. Rather we have varying levels of hypersensitivity to a multitude of antigens.

Dr. Sherry A. Rogers of Syracuse, New York cautions that only through minimizing the total antigenic load can we hope to attain maximum health. We are grateful to her for the following review of mould allergy, which will help to keep us from losing sight of comprehensive allergic management.

Because we cannot see them, we tend to forget that moulds are ubiquitous. You know if you left a piece of bread where you are right now and returned in three weeks, it would be covered with moulds. In hundreds of home cultures, we have never seen a house without mould growth nor one without bacteria and yeast as well.

The antigenicity of moulds and fungi has been questioned in the past, but it is now recognized that moulds can cause any allergic symptom you can think of. In fact, often other antigens are blamed. Sneezing while dusting is blamed on the house dust. Wheezing in September is blamed on ragweed when it may be due to an *Alternaria* peak. Nasal congestion or headaches upon ingestion of fruit may be secondary to surface mould resulting from storage.

Mould is everywhere and in a state of constant change. Moulds have seasonal fluctuations in quantity as well as quality. Excavation introduces new moulds or fungi into the atmosphere. Tightening up our houses for winter and turning up the heat encourages the growth of mould.

Since it's microscopic, how can you know it is present? Sniff for musty smells in cupboards, bathrooms, basements or closets. Look closely in dark, infrequently inspected corners for colored powdery patches. The best way to detect mould is to obtain a sterile petri dish with malt agar (*Sabaraud's* is second best) and expose it opened for an hour in your rooms at home, the office or wherever you suspect mould problems.

How do you get rid of mould once you have identified it? Depending upon your level of chemical intolerance and the density of mould growth, washing down with five times diluted chlorox, zephiran or just borax and water removes the mould. This must be done every few months, however, since it regrows rapidly.

To attempt to retard growth, never put objects (sneakers, camping gear) away until they are thoroughly dry, air out closets and include vents in any new building plans. Wash down areas periodically, reduce moisture to 30% with the dehumidifier in summer and vent cooking, bathroom and laundry moisture with fans. Natural fabrics such as wicker and cotton help reduce our chemical loads but serve as a nutrient source for moulds. For afterall, the purpose of moulds is to decay organic matter and return it to dust.

What else should a person with mould hypersensitivity know? That yeasts are a member of the mould family. Ingestion may give symptoms. Raised dough, vinegars, pickled or aged foods, fermented beverages (alcohol), cheese, malt, soy sauce and mushrooms all contain mould antigens. Commonly overlooked sources are flour and cereals (that are enriched with B vitamins). B vitamins are derived from yeast sources. Dried fruits, dried flowers, leftovers in the refrigerator, potting soil, stored fruits and vegetables and even monosodium glutamate introduce fungal antigens into the body.

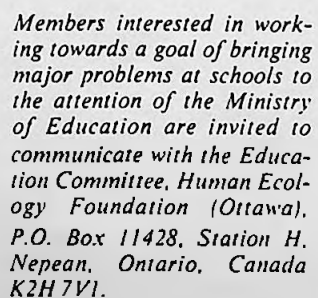
Candida albicans (monilia, or "yeast infection") is a normal inhabitant of the skin, intestinal tract, and vagina but periodically grows excessively. It has been demonstrated to cause difficult-to-diagnose allergic symptoms, especially when it has been the cause of cerebral symptoms such as depression.

In a recent study of homes that we did in the Syracuse area, the top 12 organisms recovered were the following in order of prevalence: *Cladosporium* (*Hormodendrum*), bacteria, *Aspergillus*, *Penicillium*, yeasts (not including *Rhodotorula*), *Basidiomycetes* (a group of fungi that have to do with wood rot in the home), *Rhodotorula*, *Trichoderma*, *Epicoccum*, *Alternaria*, *Microspheareopsis* and *Aureobasidium* (*Pullularia*).

If you wish to determine what moulds are present in your environment, consult your allergist, who has access to laboratory testing services. For those who do not have adequate local facilities for detecting mould growth, Dr. Rogers' laboratory will supply plates (petri dishes with malt agar) and instructions for their exposure, at \$10 (US) per plate.

Within four weeks after having mailed back the plates, you will receive the results of the type of mould that grew and the number of colonies present. If the lab receives the plates in too poor a condition (broken in transit, overgrown by contaminant) new ones will be mailed to you at no charge. Likewise, if you receive plates that have growth on them before you expose them, return them for new ones that will be sent at no charge.

The address for obtaining the plates is Mould Service, c/o Sherry A. Rogers, M.D., P.C., 2800 West Genesee Street, Syracuse, New York, USA 13219.



THE ALLERGIC CHILD AT SCHOOL — by Virginia R. Salares (continued)

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY

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The author of this article, Virginia R. Salares of Ottawa, has a Ph.D. in Chemistry and is also on the Board of Directors of the Human Ecology Foundation.

Controlling Allergies Early

Many parents do not pay much attention to the environment at school. For parents, however, who struggle to keep their children healthy, there is a need to improve the school environment. Through these allergic children, parents of healthy children could learn a lesson, for the allergic are the ones affected first.

My older daughter is now in Grade 2 at a French immersion school. We are fortunate she has not missed much school this year. In kindergarten, she had numerous colds and respiratory problems, which we blamed partly on a much too sheltered life previously. She was always stuffed up but at that time we did not recognize the difference between a real cold and stuffiness due to allergies. As a young child, she had always seemed to get out of breath and tire easily, so we discouraged her from running.

The following summer was when we first noticed her wheezing and when her complaints of stomachaches became more frequent. In first grade after she had recurring bronchitis and two bouts of pneumonia, we were sent to a pediatric allergist who tested and found her to be sensitive to eight of the ten allergens normally tested. We were told that her previous illnesses were allergy-related; the continuous presence of mucus in her nasal passages made her vulnerable to infections.

At this time too, we confirmed her food allergies. Finally we could account for the stomachaches that continually bothered her. We eliminated milk, wheat flour, eggs and chicken from her food.

The house underwent a thorough cleaning, and even nooks and crevices I never envisioned cleaning before were not left out. At the same

time only cotton bedsheets and clothes were retained. There were not that many chemicals to throw out of the house. I have had such an aversion to strong smelling or perfumed cleaning agents, that I simply did not buy any of these. The controls we placed on her food, clothing and environment were beneficial too for her younger sister who had severe eczema since birth.

With my daughters' allergies, we look at everyday life from a different perspective. They are taught to be on guard for things that could harm them, though the same things appear harmless to others. Take for example car exhaust fumes. The engine is always turned off before we get in or out of the car to minimize exposure to the fumes. Also when driving, the car is maintained at a distance from the car ahead. They are taught to move away from fumes or when this is not possible to hold their breath momentarily.

Diesel Fumes in the Schoolyard

All winter at the school, the three school buses have kept their engines running ten to fifteen minutes before the students are even out of the building. Since the schoolyard is small, the fumes not only fill the air, but also many of the children have to walk through the fumes. I have seen many children stop and chat or play right in the midst of the fumes. Some of the buses have their exhaust pipes in the curb side, blowing diesel fumes to the queue of kids waiting to get into the bus, and allowing fumes to enter the buses.

I suggested to our Home and School Association that it would be desirable if the engines were turned off and started only after the buses were loaded, citing at the same time the recent Japanese studies linking diesel fumes to lung cancer. The bus drivers argued that the buses would be cold and parents would complain, and that the two-way radios operate only when the buses are running. It was clear that one parent simply could not ask the drivers — the directive has to come from the school

board when the next bus contracts are given out.

Painting the School During Classes

The school had not been painted for the last seven years, and the paint was visibly flaking in many places. One day in April last year, a mother phoned to tell me that workmen carrying pails of Varsol and oil paint were walking back and forth past my daughter, who had been told to spend the noontime indoors because of a runny nose. The painting had started with no warning given to parents!

I phoned to get her out of the building immediately, and shortly after, she was taken home. The weather was not warm enough yet to keep the windows open and the smell of the paint was intense. I asked the principal why the school was being painted at that time instead of during the summer. If the school was not painted as scheduled, it would take perhaps another five years.

I expressed my concern that the oil paint would be detrimental to health, particularly to those who have allergies or respiratory problems. I was told I could elect to keep her at home or bring her to another school for the time being.

My daughter's class spent the day at the library while their classroom was being painted. The following day, they were back in their room. Before noon, I went to the classroom to assess how tolerable the smell was. To my horror, the painter had been there touching up while the class was in session, painting three feet away from the nearest child. The pails of paint were still lying on the floor as the painter was to resume painting in the afternoon. My daughter's eyes were red and showing signs of irritation, and at that point, I decided to keep her home for the next four weeks.

I phoned the maintenance personnel at the Board to inquire why the schools are painted during the school year. The staffmember I talked with was not that happy to hear from me again or from other parents of the same school, as I was

THE ALLERGIC CHILD AT SCHOOL — by Virginia R. Salares (continued)

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY

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instrumental in having 2,4-D banned in the schoolyards and our victory had come just a few days earlier.

Two painters are hired by the board to work all year round and the Board's seventy or more schools cannot all be painted (once in five years) if painting is done only during the summer. Why do they use oil paint which is much more noxious than water-based paints? The latter, reportedly, does not last as long and does not take smudges as well as oil-based paint.

It took five weeks to finish painting the school — a ten-room building and two portables accomodating about 280 students. When my daughter went back to school, the paint smell had not vanished yet and persisted to the end of the school year.

Windows could not be opened yet during school hours, nor could they be left open after hours because of possible vandalism problems. I requested that the custodian open a few windows in the corridors to ventilate areas that were painted last. However, nobody seemed to recognize the need for airing, as I ended up opening windows in the corridor myself when I brought my daughter to school.

Arts and Crafts Can be Hazardous

Craft days are usually held before Christmas. Last year, the gym was subdivided into areas for various craft activities, and the classes took turns filling the gym. One of the crafts was making Christmas trees out of cotton balls glued to a cardboard cone shape. The finishing took the form of spray painting the surface green with car paint in aerosol containers. My daughter's Grade 2 teacher, aware that at least five kids in her class had allergies of some kind, did the spray painting herself by an open window. However, kids in other classes did the spraying themselves with no attention paid to the lack of ventilation.

The felt-tip marking pen is still very much used in the classroom. Even just one pen emits enough

solvent vapour to be easily detected by smell. My daughter was only three and one half years old when she stayed very briefly (four weeks) in a day care centre. She came home one day with blood-red, swollen eyes. It did not take long for us to find that the culprit was one of these pens, which she had used to 'paint' with.

Controlling Lice with Chemicals

In September last year, there was an outbreak of lice in many of the schools. The school nurse from the Regional Health Unit sent out instructions to use a shampoo, called Kwellada, containing the toxic pesticide *lindane*, on children's heads which are found to contain lice or the nits.

A school in our schoolboard had a serious outbreak. On Thanksgiving weekend, a private pest control company was contracted by the board to fumigate the school and the twenty school buses going to that school. The pesticide used on the baseboards was diazinon, a garden insecticide, and pyrethrinoids were used as the fumigant.

The value of the extermination procedure resorted to is questionable, as lice thrive on heads and not on floors, walls and ceilings. A scrupulous cleaning and scrubbing of desks, and keeping the infected children at home until the lice are eliminated, would have been preferable. It is evident that the current approach to pest problems is chemical control.

Allergies to Classroom Pets

Many children delight in bringing their pets to the classroom. My daughter has seen gerbils, hamsters, mice, cats and puppies brought to her class. Before I was aware of her allergies, I did not make a fuss and at the time I did not know how to correlate the wheezing with these exposures. As we learned her allergies, visits to homes with pets were declined.

I took the subject of pets taken to the classroom as a triggering factor in asthma attacks to the Home and

School Association and to the principal. The majority of the members of the Home and School scoffed at depriving other children from enjoying or learning about animals because of one or two allergic kids. One mother emphasized that the highlight of her son's year was bringing his pet to school. The principal expounded on the benefits of bringing a dog obedience school or a zoo to the school premises at certain times.

As I was very much outnumbered by the pet proponents, my recourse was to deal with my daughter's teacher on a one-to-one basis. I typed a list of the different things we know our daughter is allergic to, and requested her to inform us if anyone is bringing a pet so we can keep her at home. Fortunately, she is sympathetic to the allergy problem and she does not favour animals being brought to class, in view of the children who have allergies and because she finds pets distracting.

Smoking in the Schools

It is fortunate that no staff-member smokes at the school. It would even be better if no smoking is allowed at all in the school premises at any time. I have seen heavy smoking at parties, meetings or other activities held at the schools. I do not know just how efficiently the ventilation system can flush the smoke from the air within a period of time. At a play held at a school auditorium recently, although smoking is not allowed in the auditorium, the smoke from the halls readily found their way inside.

Hazards will always be found and the only way for those with allergic children is to try and minimize these hazards. It will take a long time yet for the public to recognize the needs and problems of allergic children. In the meantime the only way to start the educational process is to effect change where it is possible.

THE HERBICIDE 2,4-D — *Its Effects on Health*

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY

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We are grateful to Dr. Virginia R. Salares of Ottawa, for the following article on herbicides.

The weedkiller 2,4-D first came to my attention in 1976 when we moved into our house. In our suburban community, there are fewer weedy lawns than manicured ones. Many of the residents are also nearing retirement and tending their lawn has become a pastime.

To my next door neighbour, his lawn is his obsession, mowing or rather scalping it two or three times a week, spending endless hours with his machine. Between mowings, the lawn is fed with generous amounts of Weed'n'Feed and when some dandelions manage to survive the onslaught, the Killex is sprayed on.

Each spring, homeowners across the country rush to their garden centers to buy dandelion killers either mixed with fertilizer, as a liquid spray or weedbar. The major ingredient in these preparations is the chemical 2,4-D.

2,4-D is perhaps the most widely used herbicide today. It is closely related chemically to the other herbicide 2,4,5-T. Both 2,4-D and 2,4,5-T are components of Agent Orange — the defoliant used massively in Vietnam. The tetra-dioxin impurity of 2,4,5-T has been blamed in the health problems of Vietnam veterans.

In recent years, miscarriages in Alsea, Oregon were linked to sprayings of the adjacent forests with 2,4,5-T. Many uses of 2,4,5-T are now restricted in the United States, although Dow Chemical is fighting to re-instate its use. Agriculture Canada maintains that 2,4,5-T is safe, if properly used. Ontario and two other provinces banned 2,4,5-T, and here 2,4-D has taken over most of the previous applications of 2,4,5-T.

2,4-D is a major agricultural herbicide. It is used to control weeds in crops like wheat, rice, oats, etc. But millions of pounds each year are also used to clear roadsides, railroad and hydro rights of way, ditches, golf courses, schoolyards and backyards.

It is interesting to note that the solutions used to kill dandelions in lawns are twice as concentrated as those used on agricultural crops.

The effects of 2,4-D on health are known perhaps more than any other herbicide. The results of experiments on animals and the reactions of people exposed to it suggest that it is not the safe chemical it is thought to be. 2,4-D is weakly mutagenic and can cause changes in the genetic material. It has been shown to be teratogenic or birth-defect causing in four different animals.

There is still a question whether it is carcinogenic or not. Experiments done in the early sixties suggest carcinogenic activity, but these results are criticized because they do not meet present standards of testing. While it is not yet established to be a carcinogen, Health and Welfare Canada continues to promote its use.

The reactions suffered by individuals who have used it or been accidentally exposed to it vary from headache, nausea, dizziness, and loss of taste, to skin rashes, convulsions, tingling, flu-like symptoms, loss of coordination, swollen eyes, nerve damage and paralysis.

Two years ago, we asked the Carleton Board of Education to stop using 2,4-D in its schoolyards. Briefs and presentations made to the Board succeeded in suspending its use in our own school only in the summer of 1980.

At the same time efforts were made to stop local and regional municipalities from spraying parks and roadsides. Ottawa responded by banning its use temporarily, following the City of Toronto ban, while Nepean refused to ban it, conceding only by posting signs at park entrances for a few days after the spraying.

Last year with the 2,4-D issue very much in the public eye, we approached the Ottawa Board and the Carleton Board simultaneously, and we succeeded in having 2,4-D banned by both Boards. The issue was also taken to the Ottawa-Carleton Board of Health, and the region's

medical officer responded with guidelines such as using it only when the need is justified. The City of Ottawa again debated whether to use it or not, but chose to defer the decision for a year. Meanwhile, the parks maintenance staff were furious, claiming that our beautiful city is going to weeds!

In May last year, I was very distressed to hear that a resident in Ottawa South had been sprayed with 2,4-D. Maureen Harvey, a member of the Foundation and who has chemical sensitivities, was inside her townhouse when a private pest control company contracted out by the management of the housing complex sprayed the grounds around the apartments. The strip of grass right next to the Harveys' open kitchen window was being sprayed when Maureen started to shake and cry uncontrollably. The Harveys' 3½ year old son, Devin, and a friend were watching and chatting with one of the men spraying. Some of the spray solution soaked into Devin's shoes and pants.

The symptoms felt by the Harvey family were multiple, and the family was forced to leave the apartment. After a few days when the family attempted to go back, Maureen lost her coordination and collapsed on the floor. They had to leave again and had to live elsewhere for six weeks! Reports of the incident were sent to local politicians, to the Minister of the Environment and to the Regional Board of Health. However, no formal investigation was made. The men who did the spraying denied getting any of the spray into Devin's clothes.

Two weeks after the incident, some Pollution Probe summer students, staff, Maureen Harvey and myself contacted about a hundred households in the sprayed area to see if anyone else had been affected. Thirty one individuals were found to suffer the known acute toxic effects of 2,4-D. The results of the survey were as follows, with the number following each symptom corresponding to the number of times that symptom was

THE HERBICIDE 2,4-D — Its Effects on Health (continued)

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reported:

headaches (10); watery, burning or itching eyes (10); nausea (9); skin rashes (6); stomachaches (6); burning or itching skin (5); loss of appetite and taste impairment (5); dizziness (4); tiredness (4); breathing difficulty (4); weakness (3); diarrhea (3); blistered feet (3) and loss of motor coordination (2).

Many of the people who reported suffering these symptoms were not in the area at the time of the

spraying but were out on the grounds sometime after the spraying. The preliminary results were submitted to the Regional Board of Health and to the Minister of the Environment. However, neither department followed up any of the reported cases.

In recent weeks, the region's medical officer announced starting an educational campaign detailing safety guidelines and recommendations in using 2,4-D. Our previous years' efforts in restricting the use of 2,4-D in urban areas have finally paid off, with our Regional Board of Health's full support. However, until

the provincial Ministry of Health or Health and Welfare Canada take the same stand, citizens have to fight this issue at their own schoolboards or municipal councils.

Meanwhile, I do not bring my children to parks or lawns which I know are sprayed, and I caution them to run into the house when my next door neighbour is out with his spray can.

Readers wishing to get more detailed information on 2,4-D can send for a booklet from Pollution Probe — Ottawa, 54-53 Queen St., Ottawa, Ontario K1P 5C5, enclosing 50 for postage.

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INFLAMMATORY BOWEL DISEASE — *Can Food Allergy Be Involved?*

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We are grateful to Sherry A. Rogers, M.D., F.A.C.A. of Syracuse, New York for the following contribution on the role of food allergy in inflammatory bowel disease.

Food allergy presents under many guises. One of the ways in which I have seen it masquerade is as inflammatory bowel disease. The following are a few brief case histories.

1. P.S. is a 27 year old white male who was already known to this office and was on inhalant injections for control of his asthma. He also had a fifteen year history of Crohn's disease. At times he had as many as fourteen bloody bowel movements a day and had been on so much steroid that when he coughed he fractured a rib.

On several occasion his colitis was uncontrollable and he eventually had three small bowel resections. In other words, a section of bowel was removed when the bleeding and ulceration could not be controlled with drugs. He was advised the next time he required surgery he would also have to have a colostomy for life.

2. J.R. is a 53 year old man who had sinusitis, headache, dizziness and asthma for over twenty years. He also had many chemical hypersensitivities. He had frequent, loose mushy stools daily with a very foul odour to the stool and passage of much gas through flatus and belching. This gas was also foul smelling. He also complained of frequent soiling of his underwear. Bowel X-rays were reported as "hyperirritable colon compatible with spastic colon".

3. E.C. is a 72 year old woman who had over twenty years of severe asthma and presented three years earlier for injection therapy. She was markedly improved with serial dilution titration as compared to conventional therapy that she had undergone in many places around the world. She was a well travelled woman and had sufficient financial resources to enable her to go anywhere she thought she might get relief.

She also had an over twenty year old diagnosis of ulcerative colitis. She had four to six bloody bowel movements a day. She had had innumerable bowel X-rays, sigmoidoscopies, colonoscopies, and each time was told that there was nothing more that could be done for her.

All three of these patients underwent food testing via the provocation-neutralization technique of Dr. Miller. Within three weeks all three were delighted to announce that they had one or two firm bloodless stools a day.

We have to be careful when these dramatic improvements occur, because the opponents of this method of allergy treatment will at first say that such improvement is coincidental. We can prove that it is not, by taking them off their injections and off the four-day rotation diet, and they will resume their bloody diarrhea. We have already done this.

Again the opponents will say that we were just lucky and saw a normal remission of the disease in three people simultaneously three weeks after they began food injections.

On the other hand, we ourselves have to be very careful that we do not make the assumption that all people with Crohn's disease, spastic colon, or ulcerative colitis are told that they merely have food allergies. I think one tip-off that food allergy may be at the root of the trouble, is that if indeed the person has asthma, as these three did, then he should definitely undergo evaluation for food sensitivities. If the person also has frequent earaches, sinusitis, postnasal drip, or eczema, then evaluation for foods is also warranted.

We have no trouble with the concept that a person can smell freshly mown grass and have a spasm of the bronchial smooth muscles. This we call asthma. Why then should we have trouble envisioning a person ingesting a member of the grass family, such as wheat, and having spasm of the smooth muscle of the intestinal tract resulting in diarrhea and cramps, gas and bloating? It is really strange that we did not think of food allergies sooner.

Instead, what do we do when people have these inflammatory diseases of the bowel? We cut out part of the bowel and throw it away. We put them on cell poisons or chemotherapeutic agents. And, we try to control them with steroids, which have a multitude of deleterious side effects. Should the condition not warrant such drastic treatment measures, we tell the patient that it is caused by their nerves and we tell them to try to calm down and learn to live with it.

Meanwhile, is it not exciting to know that there are a number of people around who have a diagnosis of Crohn's disease, ulcerative colitis or spastic colon, who can be totally improved within 2 to 3 weeks?

ANNOUNCEMENTS

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100% Cotton Styles at Less Than Retail Prices

I am launching a small clothing business on a trial basis from my home. Hopefully, by the time this newsletter reaches you, I'll be selling ladies' high style, good quality sportswear at below retail price. I hope to have 100% cotton blouses and skirts, corduroy dresses, and jeans. Anyone interested please call Jackie Schwartz in Downsview at 638-9103 after 5 pm. Business hours will be 1-3 pm. and 7-9 pm. Monday to Thursday, or by appointment.

Magic Markers That Don't Smell

We are grateful to HEF Toronto's expert artist Ken Nice for telling us about the *Series 68* marker pens by *Stabilo*. These resemble magic markers in quality and colour but do not have the usual strong smell. Carolyn Small has tested about a dozen different colours and does not seem to react adversely to them at all.

The pens are available in Toronto at Curry's Art Store on Yonge St.

U.S. Air Depollution Units now in Canada

Frank Simpson of Frank Simpson Supplies Limited of Dundas, Ontario has written to announce that the *Air Depollution Units* produced by Air Conditioning Engineers in Illinois will now be available through his company. For further information on these air purifiers write or call Frank at 9 Princess Court, Dundas, Ontario L9H 3Z2, Tel: (416)-627-3895. A number of ecology patients in Canada have found these units beneficial for removing air pollutants both in the home and the automobile.

New Organic Gardening Business Starting in Spencerville

We will be planting approximately 10 acres of organic produce in 1982, and will also have home-grown chickens. We are interested in

selling to people mainly in the Ottawa area, but would consider making some arrangements for deliveries in Toronto at one main collection point if there is sufficient interest.

If we could find a guaranteed market of people willing to contract in advance for good clean produce, perhaps even a year's supply, we could concentrate more on growing of vegetables and raising chickens, and less on the problems of distribution. Please place orders or make enquiries by contacting: Jolene's Organic Garden, R.R.#5, Spencerville, Ontario K0E 1X0, Tel: (613)-658-2377.

A Toronto Fish Store With Clean Fish

We are grateful to Barbara Mowat of Inglewood, Ontario, for telling us that at least one fish store does *not* use antibiotics and other preservatives on their fish — Union Fish Store at 1101 Yonge St. (at Davisville Ave.) in Toronto. Call (416)-968-2265 to enquire about types of fish available and to confirm that their no-chemical policy is still in effect.

Charter Class Fare to SCE Seminar in Banff, October 1982

Dr. John MacIannan has advised us that *Travel Emporium* of Dundas, Ontario has quoted a fare of \$249 (plus \$19.95 Canadian tax and \$12 cancellation insurance) for a charter flight Toronto-Calgary return for the October 1982 Advanced Seminar of the Society for Clinical Ecology, Banff, Alberta.

The flight will be on a Nordair Boeing 737, with free meals, leaving Toronto October 2nd and returning from Calgary on October 9th. Anyone who wants to take advantage of this flight should contact *Travel Emporium*, 3 Church St., Dundas, Ontario L9H 2X8, Tel: (416)-627-9271. The rate quoted is more favourable than Air Canada's 'Skysaver' fare, which is \$283 plus \$23 Canadian tax.

Dr. MacIannan notes that the Directors of the Society for Clinical Ecology have agreed to allow lay people to attend the seminar. The registration fee for H.E.F. members will be \$75, and will include a copy of the syllabus for the meeting. SCE is currently investigating the availability of accomodation outside the Banff Springs Hotel, for persons with peculiar dietary and ecological requirements.

Watch your *Quarterly* for further announcements about this important event.